BK: 2020 PG: 4562

Recorded: 11/25/2020 at 4:02:56.0 PM

Pages 6

County Recording Fee: \$0.00
Iowa E-Filing Fee: \$0.00
Combined Fee: \$0.00
Revenue Tax:
LISA SMITH RECORDER
Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT TO BE COMPLETED BY TRANSFEROR

| TRANSI Name Address | FEROR: Colleen T.M. Stowe | IA 50229 | | |
|--|--|---|---|------------------|
| | Number and Street or RR | City, Town or P.O. | State | Zip |
| TRANS Name Address | PEREE: Dennis J. Hotka and Marla J. 1026 8th Street SE, Altoona, Number and Street or RR | | State | Zip |
| | of Property Transferred: inwood Trail, Prole, IA 50229 | | | |
| N | umber and Street or RR | City, Town or P.O. | State | Zip |
| \mathbf{X}^{-} | | ted on this property. on this property. The type(s), k attached separate sheet, as nec | | us are |
| 2. Solic | I Waste Disposal (check one) There is no known solid waste o | disposal site on this property. site on this property and informa | • | rovided |
| <u>×</u> ; | Attachment #1, attached to this | is property and information relat document. | ed thereto is provided in | 1 |
| <u> </u> | small farm and residential motor nstructions.) There is an underground storag | ck one) nd storage tanks on this property r fuel tanks, most heating oil tan e tank on this property. The typ ed below or on an attached sepa | ks, cisterns and septic to be(s), size(s) and any kn | anks, in nown |

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DNR form 542-0960 (July 18, 2012)

| 5. | Private Burial Site (check one) X There are no known private burial sites on this property. |
|----|--|
| | There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary. |
| 6. | Private Sewage Disposal System (check one) |
| | All buildings on this property are served by a public or semi-public sewage disposal system. |
| | This transaction does not involve the transfer of any building which has or is required by law to |
| | have a sewage disposal system. |
| | There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. A certified inspector's report is attached which |
| | documents the condition of the private sewage disposal system and whether any modifications are required to conform to standards adopted by the Department of Natural Resources. A |
| | certified inspection report must be accompanied by this form when recording. |
| | There is a building served by private sewage disposal system on this property. Weather or |
| | other temporary physical conditions prevent the certified inspection of the private sewage |
| | disposal system from being conducted. The buyer has executed a binding acknowledgment |
| | with the county board of health to conduct a certified inspection of the private sewage disposal |
| | system at the earliest practicable time and to be responsible for any required modifications to |
| | the private sewage disposal system as identified by the certified inspection. A copy of the |
| | binding acknowledgment is attached to this form. |
| | There is a building served by private sewage disposal system on this property. The buyer has |
| | executed a binding acknowledgment with the county board of health to install a new private |
| | sewage disposal system on this property within an agreed upon time period. A copy of the |
| | binding acknowledgment is provided with this form. |
| | There is a building served by private sewage disposal system on this property. The building to |
| | which the sewage disposal system is connected will be demolished without being occupied. The |
| | buyer has executed a binding acknowledgment with the county board of health to demolish the |
| | buyer has executed a binding acknowledgment with the country board of fleating to demoish the |
| | building within an agreed upon time period. A copy of the binding acknowledgment is provided |
| | with this form. [Exemption #9] |
| | This property is exempt from the private sewage disposal inspection requirements pursuant to |
| | the following exemption [Note: for exemption #9 use prior check box]: |
| | The private sewage disposal system has been installed within the past two years pursuant to |
| | permit number |
| _ | |
| | formation required by statements checked above should be provided here or on separate |
| | neets, attached hereto: |
| | Well on property approximately 100 from the southwest corner of the house |
| | |
| | |
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| | |
| | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM |
| | AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| | |
| | |
| S | ignature: X/4-205-5363 |
| | The constant of Angels |
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| | |

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DNR form 542-0960 (July 18, 2012)

Addendum

1. Parcel "B", located in the South Half (½) of the Southwest Quarter (¼) of Section Two (2) and in the Northeast Quarter (¼) of the Northwest Quarter (¼) of Section Eleven (11), all in Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, as shown in Plat of Survey filed in Book 3, Page 213 on April 15, 1998 in the Office of the Recorder of Madison County, Iowa, INCLUDING Parcel "C" located therein, as shown in Plat of Survey filed in Book 3, Page 217 on April 21, 1998 in the Office of the Recorder of Madison County, Iowa, AND Lot One (1) of the Windwood Subdivision located in the Southwest Quarter (¼) of said Section Two (2), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa



Time of Transfer Inspection Report (DNR Form 542-0191)

| Property information |
|--|
| Current owner Tyler + Colleen Stowe Buyer Dennis Hotka and Marla Ryerkerk Realtor Shown Stourt moderat Land Manageme. Mailing address 1026 8th St. St. Altoma TA 50009 |
| Site Address/County 1690 Wind wood Trail Prole Town Legal Description 50 one as address |
| No. of bedrooms 3 Last occupied? Still Itere Records available ues |
| Permit/installation date # 1725 Separation distances ok/no? OK |
| Septic system information |
| Septic tank(s): size 1500 3 compartment material Concrete condition New Tank pumped? 45 date 6-24-3020 licensed pumper 457 455 Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper |
| Aerobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper Maintenance contract? expiration date service provider Condition |
| Pump tanks/vaults: type sizecondition |
| Secondary treatment: length of absorption fields 56 85 december determined by discrete probect determined by discrete probect type of trench material 8" sock |
| Size of sand filter determined by Vent pipes above grade? discharge pipe located? Effluent sample taken? Results |
| Media filters: type |
| NPDES General Permit No. 4: required? <u>NO</u> permitted? <u>NO</u> NOI provided |



Time of Transfer Inspection Report

| Other components: Alarms Working? | disinfection working? |
|--|---|
| Control box Timers | 1. ~ V |
| Other components has new 1500 gallon | tank and filter |
| Overall condition of the private sewage disposal syste | 3111 |
| Report system status <u>Meed to put yard</u> | There Septice is Take out of Corn |
| Explain (attach additional pages as needed): | |
| Comments: | |
| Site status at conclusion of Time of Transfer inspect Verify that controls are set on the app Power is on to all components. Revisit all components to verify lids Gather all tools for removal from the Verify that no sewage is on the ground Using this worksheet, write a narrative report of the This report indicates the condition of the private set the inspection. It does not guarantee that it will con | are secure. site. nd surface. inspection results and attach a site sketch. wage disposal system at the time of a function satisfactorily. |
| Signature of Certified inspector: Name (print): Aller Akes Address: 2004 1754 (Aundersed Tourner) Phone # 515 460-1015 Provide a copy of this report, the narrative report a county sanitarian/environmental health office, county conducted and to; Iowa DNR Onsite Wastewater Program 502 E. 9th St. Des Moines, IA 50319 | Date: <u>lo -36 - 2000</u> Certificate #: <u>1023</u> and sketch to the seller/agent, buyer/agent, the |

542-0191

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